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September 3, 2010

TO: Each Supervisor

FROM: John F. Schunhoff
Interim Director

SUBJECT: **CENTERS FOR MEDICARE AND MEDICAID
SERVICES (CMS) SURVEY OF LAC+USC HOSPITAL
(Agenda Item #S-1, September 7, 2010)**

At your Board's August 31, 2010 meeting, Supervisor Molina directed the Department of Health Services (DHS) to report back on findings related to a recent CMS survey of LAC+USC hospital. This report is in response to that request.

On May 13, 2010, the California Department Public Health (CDPH), on behalf of CMS, performed a site survey of LAC+USC in response to a complaint. The complaint was not substantiated but surveyors did identify deficiencies in two areas:

1. Delay in providing Medical Screening Examination (MSE)
2. Deficiency in following hospital policy of performing a nursing reassessment every two hours after triage.

The federal Emergency Medical Treatment and Labor Act (EMTALA) statute (US CFR 42 §1395d (a) Medical Screening Examination) does not specify an actual timeframe for either the MSE or the reassessment of a patient's condition. The statute specifies that "...the hospital must provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists."

In response to the deficiency related to the MSE, LAC+USC has established a target time to MSE of approximately one hour, consistent with community standards. In the absence of a statutory, regulatory or accreditation definition, we rely on best practices or community standards to define policy.

To provide more rapid MSEs, medical providers and support staff have been moved from patient treatment areas of the ED to the triage area to perform MSEs and order appropriate tests. This will expedite patient care once the patient is moved to a treatment area. In addition, some patients may be discharged from the triage area, thereby avoiding the need for a treatment bay in the main ED. For the month of August, this has decreased the "time to MSE" from an average of 239 minutes to an average of 75 minutes for level three triaged patients and to an average of 57 minutes for all patients. Level three patients generally wait the longest for MSE, due to the nature of their apparent conditions upon presentation in the ED and their need for more extensive

laboratory and radiology work-ups. With this structural change the Left Without Being Seen indicator has decreased from 16% to 8%.

Furthermore, in response to the deficiency related to nursing reassessments after triage, the policy now states that "reassessment should be done every four hours or less". This is consistent with recommendations of the surveyors, who identified that the previous two-hour reassessment policy was an unrealistic standard, as compared to practices at similar hospitals. Within the last week, the four-hour reassessment of vital signs has been achieved 96% of the time. This has been accomplished through the addition of registry personnel and use of overtime.

Ongoing monitoring of timely MSEs and reassessments is conducted by ED management using the ED information system, WellSoft.

In order to sustain compliance and improve ED throughput, additional staff is needed to backfill areas from which providers and staff were removed to work in the triage area to perform MSEs and reassessments. Contract and registry staff, as well as overtime, are being used on a temporary basis, while a permanent staffing plan is being proposed by the facility. The Department of Health Services is discussing this proposal with the Chief Executive Office.

Please let me know if you require additional information.

JFS:cm

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors